



NAVAJO NATION BAND

FY2022 PERSONAL HEALTH CONFIDENTIALITY



By signing this document, I understand that I am opting out of the requirement, in the FY 2022 Contractual Agreement, to disclose any health issues which may affect my participation in Navajo Nation Band activities and to keep my personal health issues confidential and am not required to disclose them per the FY 2022 Contractual Agreement.

I understand that by keeping my personal health issues confidential, I will be held personally responsible to monitor and maintain any current or future health issues, including but not limited to, long-term or lifelong illnesses, pregnancy, post-operative surgery, etc., that may affect my ability to perform satisfactory as required of all NNB members.

I understand that I am personally responsible for any health issues which occurs prior to, or during, my participation in a NNB event or activity with the exception of sudden, unexpected adverse reactions such as heat stress, heat stroke, muscle sprains or conditions related to them that occurs during an official NNB activity or performance. For this, emergency first aid is to be rendered only by qualified medical personnel.

I acknowledge and understand that the Navajo Nation Band and the Navajo Nation are not responsible for providing amenities or making any accommodations for me. I am, solely, responsible for my personal health needs.

NAME (PRINTED): _____

DATE: _____

SIGNATURE: _____